



ALAMANDA COLLEGE FREE VOLLEYBALL SPORTS PROGRAM



WHEN:

COMMENCING: CONCLUDING: TIME: YEAR LEVELS: COST: Thursday(Grade 1&2) Friday (Grade 3&4) 16.2.17 16.3.17 3:00pm - 4:00pm Grade 1 – Grade 4 FREE (5 weeks)

As a part of the Australia Sport Commissions Sporting Schools Program, Kelly Sports Wyndham is proud to deliver a **Volleyball** sports program, developing specialist skills, in a fun and exciting environment. Get their friends to join for added fun! Give your kids the competitive edge, building their motor skills, awareness, coordination and friendships all in a fun and enjoyable environment.

HIP HOP DANCE PROGRAM



WHEN: COMMENCING: CONCLUDING: TIME: YEAR LEVELS: COST:

Tuesday 14.2.17 28.3.17 3:00pm - 4:00pm Prep – Grade 4 \$84.00 (7 weeks)

Kelly Sports welcomes the Hip Hop Dance Program in Term 1! Over 7 weeks students will have the opportunity to move, groove, spin and bop to the sound of the beats alongside our very experienced dance You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance environment.

\$75 Early Bird Special if booked & paid prior to Monday 13 February 2017 To celebrate being nominated as a 2016 Wyndham Business Awards Franchise Finalist, Kelly Sports Wyndham is offering you your first trial lesson FREE when you sign up to join one of our Kelly Sports Wyndham programs this term.

Go online to www.kellysports.com.au to sign-up or see all the programs on offer.

CHECK OUT OUR NEW AND IMPROVED ONLINE BOOKING SYSTEM

Simply go to <u>www.kellysports.com.au</u> enter your postcode and enrol from there. Alternatively you can scan and email this completed form to <u>tim@kellysports.com.au</u> or post to PO Box 6578, Point Cook 3030

ENROLMENT FORM

| | | 🗌 Free | e Volleyball F | ، rogram |] Hip Hop Da | nce Progra | am | | |
|---------------------|--------------------|---------------------------|-------------------------------------|------------------------------------|-------------------------------------|-----------------------------|------------------------|--------------|--|
| School: | | | | | | Year | Year Level: | | |
| Na | ime: | | | | | | | | |
| Address: | | | | | | Post (| Post Code: | | |
| Ph | one (Mobile/Work/H | ome):: | | | | | | _ | |
| En | nail: | | | | | | | | |
| Me | edical Conditions: | | | | | | | _ | |
| Pa | | eby authori Kelly Spor | ise Kelly Sport rts from any lia | ts to act on m ability for inju | ny behalf should ury incurred by | d my child r my child at | equire me Kelly Spo | | |
| - | | | | | l incur an extra | | | | |
| Amount Paid: \$ Cre | | | redit card payment: | | | | ☐ MasterCard | | |
| Card Number:/ | | / | / | Expiry Date: | | _/_ | CVV: | | |
| 1. 2. 3 | | m with the | school or coa | ich as it may | eed to email me | hild missing | j out. | end of term. | |

4. It is the parents responsibility to ensure that all relevant information is filled in.





ALAMANDA COLLEGE

SOCCER SPORTS PROGRAM



WHEN: COMMENCING: CONCLUDING: TIME: YEAR LEVELS: COST: Monday 13.2.17 27.3.17 3:00pm - 4:00pm Prep – Grade 6 \$72 (6 weeks)

It's Summer so what better time to experience the skills, fun and excitement of sports such as **Soccer**. Get your friends to join for added fun! Give your kids the competitive edge, building their motor skills, awareness, coordination and friendships all in a fun and enjoyable environment.



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ENROLMENT FORM

| ☐ Soccer Sports Program | |
|--|------------------------------------|
| School: | Year Level: |
| Name: | |
| Address: | |
| Phone (Mobile/Work/Home):: | |
| Email: | |
| Medical Conditions: | |
| At the completion of after school clinics, does your child? (Please Circle) | Go to after care Get collected |
| Parents' consent: I hereby authorise Kelly Sports to act on my behalf should release Kelly Sports from any liability for injury incurred by n | |
| Parent/Caregiver name: Sign | nature: |
| Please Note: Credit card payments will incur an extra 2 | .5% processing fee |
| Amount Paid: \$ Credit card payment: | MasterCard |
| Card Number://Expiry | y Date: / CVV: |
| Things To Know | |
| Kelly Sports is a Registered Childcare Provider. You need to email me Don't leave this form with the school or coach as it may lead to your chi <u>Spaces are limited so please make sure either enrol online or return yo</u> It is the parents responsibility to ensure that all relevant information is fi | ild missing out. our form to me |





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| ☐ Soccer Sports Program | |
|--|------------------------------------|
| School: | Year Level: |
| Name: | |
| Address: | |
| Phone (Mobile/Work/Home):: | |
| Email: | |
| Medical Conditions: | |
| At the completion of after school clinics, does your child? (Please Circle) | Go to after care Get collected |
| Parents' consent: I hereby authorise Kelly Sports to act on my behalf should release Kelly Sports from any liability for injury incurred by n | |
| Parent/Caregiver name: Sign | nature: |
| Please Note: Credit card payments will incur an extra 2 | 5% processing fee |
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|---------------------|--------------------|---------------------------|-------------------------------------|------------------------------------|-------------------------------------|-----------------------------|------------------------|--------------|--|
| School: | | | | | | Year | Year Level: | | |
| Na | ime: | | | | | | | | |
| Address: | | | | | | Post (| Post Code: | | |
| Ph | one (Mobile/Work/H | ome):: | | | | | | _ | |
| En | nail: | | | | | | | | |
| Me | edical Conditions: | | | | | | | _ | |
| Pa | | eby authori Kelly Spor | ise Kelly Sport rts from any lia | ts to act on m ability for inju | ny behalf should ury incurred by | d my child r my child at | equire me Kelly Spo | | |
| - | | | | | l incur an extra | | | | |
| Amount Paid: \$ Cre | | | redit card payment: | | | | ☐ MasterCard | | |
| Card Number:/ | | / | / | Expiry Date: | | _/_ | CVV: | | |
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